U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6/6/	2. Fiscal Year Covered From:	
too de garante de conservation con francé	1/1/2004 Through: 12/31/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Terry Lynch	Name Asbestos Workers AFL-CIO	
	Labor Organization File Number 000-090	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
1.6. Box, Blog., Room Re., if any	1.0. box, building and room Number, if any	
Street 8717 Baring Avenue	Street 9602 Martin Luther KIng Jr Hwy	
city Munster	City Lanham	
State NDIANA ZIP Code + 4 46321-2705	State Maryland ZIP Code + 4 20706-1839	
5. Position in labor organization. International	Vice President	
Jan 10 mai	vice fiesident	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
· •	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Jerry Tynch	on 2-13-05 708 203 1553	
	Date Telephone Number	
Form M-30 (2003)		

B. Hed in interest in or derived income or aconomic benefit with monutary value from a business (1) a unbest with part of which consists of surplies of an experiment of aconomic benefit with monutary value from a business (1) a unbest with part of which consists of staying from or sellar presents or is actively secting to represent or a control of the part of the	Name of Person Filing TErry Lynch	File Number U-
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Name Blue Croft Blue Shield Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 300 F Mandolph Street City Chiego State Illinois ZIP Code + 4 1000 - 5249 C. Received from any employer (other than an employer rowered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	Name Ashestos Workers Gaion Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9602 Martin Luther King in Her City Lanham	a. Labor Organization b. Trust c. Employer
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	city Chicago	12.a. Nature of interest held or income received. Semunar Lunch
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment.	C. Received from any employer (other than an employer covered unde	000,40
13.b. Is the Business an Employer or Consultant? 14.b. Amount of payment.	3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	or other thing of value.
or Consultant ?	13 h le the Purinces or Small	14.b. Amount of payment
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Name of Person Filing TERRY LYNCK	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name AShestos Workers Claron Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9602 Martin Luther hing in Hop City Lanham State Maryland ZIP Code + 420706-1839	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Rillian Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1250 W, Northwest Hwy Swite 600 City Palatine State Illinois ZIP Code + 4 60667	11.a. Nature of such dealing. Box of Cookies at Christmas 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
	12.b. Amount. 4 30,00		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing /erry Lyneh	File N	umber U-	
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8. Name and address of Business (including trade name, if any). Name ASBESTOS WORKERS UNION Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9602 Martin Litter King Tr Huy City Lanham State Maryland ZIP Code + 4 20706-1839	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.		
Name Riviera Hotel	Location of We	estern States Conference	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			
	11.b. Approximate dollar value of su	ch dealing. 4(10,000	
City Palm Springs	Fruit Basket	come received.	
State California ZIP Code + 4			
	12.b. Amount.	30,00	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:	politico (de processo de proce	CONTRACTOR	
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Terry Lynch	File Number U-		
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8. Name and address of Business (including trade name, if any). Name Asbestos Workers Union Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9602 Mastin Lyther King Tr Hay City Lanham State Maryland ZIP Code + 4 20746 1839	9. Business deals with: Labor Provide	er nsultants	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Milliman USA Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Lunch #30.45 No NE		
Street 55 W. Monroe	11.b. Approximate dollar value of such dealing.	0	
City Chicago State Illinois ZIP Code + 4 60603	12.a. Nature of interest held or income received. Lunch 430, 10 Golf 122, 82		
	12.b. Amount.	152,92	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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Trade Name, if any:			
P.O. Box, Bidg., Room No., if any	No. of the Control of	**************************************	
Street	Notes that the second s	THE PARTY OF THE P	
City	Polygonia		
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Terry Lynch	File Number U-		
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Diffice Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2216 OAK LEAF Street City Joliet State Dlinois ZIP Code + 4 60436	11.a. Nature of such dealing. Local 17 VAC Meeting 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Lunch and Goff		
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant			
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		